

I. Medical Services Division

A. Organization - The Medical Services Division is an organizational component of the North Dakota Department of Human Services, the Single State Agency for the Medicaid Program, and is located specifically within the Economic Assistance Management Team.

1. The division has the responsibility for the supervision and direction of the program. The Director is accountable to the Executive Director for the following administrative functions:
 - a. Program planning and evaluation.
 - b. Maintenance of compliance with the State Plan for Medicaid, state/federal policies, rules, regulations and laws.
 - c. Securing Executive Office approval on non-routine new and amended plan material, addition or deletion of new programs or services, advisory group appointments, state rules and regulations, budget and Emergency Commission requests, expenditure of non-appropriated funds and contracts in excess of \$10,000.
 - d. Cooperatively, with support units, project estimated program expenditures, account for the receipt and expenditure of all funds, approve and sign itemized vouchers for payment of all program expenditures.
 - e. Comply with all program reporting requirements.
 - f. Review, approve and sign all correspondence and reports to federal officials.
 - g. Review and approve all proposed correspondence addressed to the Governor, Attorney General, Emergency Commission and Congressional Delegation, as prepared for the signature of the Executive Director.
 - h. Administer staff development and training necessary to assure that staff can function in their job assignment.
 - i. Administration of the Healthy Steps Program.

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2. The Medicaid Program is administered as follows:

The Director of Medical Services has the overall administrative responsibility for the daily operations of the Medicaid Program in North Dakota. The Director will supervise the following program areas.

- a. Health Tracks (EPSDT) - Responsible to develop and maintain Health Tracks program policies that will ensure that eligible children receive adequate preventive and other medical care.
- b. Managed Care - Responsible for the administration of the statewide primary care case management program and regional "capitated" managed care agreements.
- c. Utilization Review and Prior Authorization - Responsible to ensure that services provided to recipients are medically necessary and appropriate in areas that include but are not limited to out of state services, durable medical equipment, mental health services, home health care, level of care, preadmission screening and annual resident reviews, and other similar services.
 - 1) Fraud and Abuse/TPL - Responsible through use of the SURS subsystem to identify potential areas of program fraud or abuse; conduct on-site reviews of providers; recommend sanctions of providers; collect erroneous payments; and identify all third party liability resources of recipients in order to ensure that Medicaid payments are made only in those cases where other TPL resources are not available.
 - 2) Pharmacy - Responsible to develop policies related to drug utilization review, drug rebates, payment procedures; maintain a liaison with the pharmacy association and individual providers; and participate in pharmacy training sessions.
- d. Assistant Director - Responsible to assist the Director in budgeting; in planning and implementing program changes and improvements; in the absence of the Director has responsibility for the supervision of the division; and will directly supervise the following functions.
 - 1) Claims Processing - Responsible to ensure the proper receipt and preparation of electronic or paper claims received from providers for entry into the MMIS; review claims that suspend from the MMIS and determine if the claim can be processed, denied or returned to the provider for more information; and ensure that payments

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to providers are made in a timely and accurate manner.

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- 2) Provider Relations - Responsible to ensure that providers receive prompt and accurate answers to telephone or written inquiries about provider enrollment, claims processing and the claims adjustment process and conducts provider training for all providers participating in the Medicaid Program.
 - 3) Institutional Care - Responsible to develop and maintain policy regarding long term care and hospital payment and other issues including case mix design, rate equalization, and general payment policy for long term care and diagnosis related payment and other payment policies for hospital services.
- e. General Administration - Responsible for all other appropriate activities that are carried out or delegated to staff by the Director.

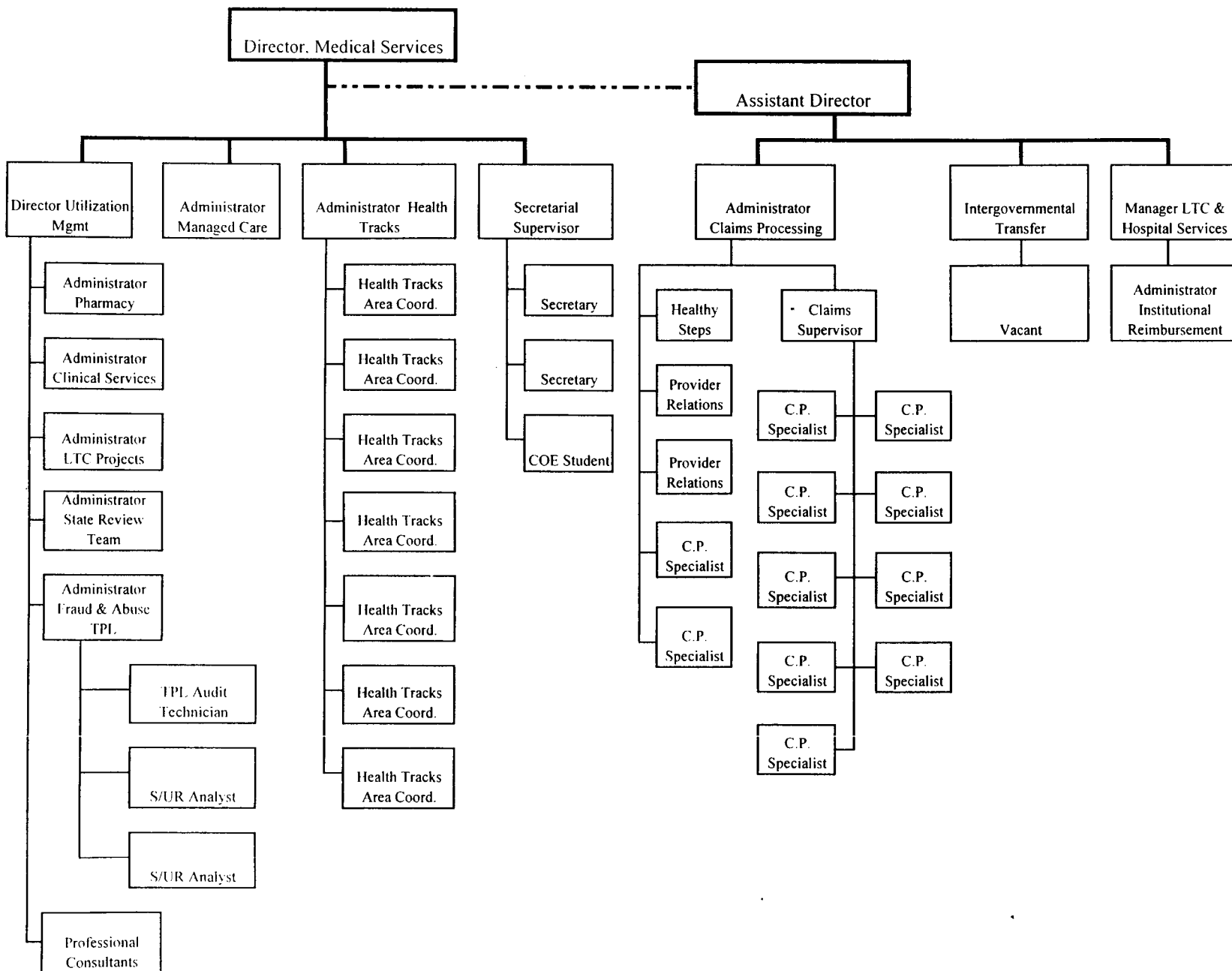
The Director of Economic Assistance Policy has the responsibility to supervise the Medicaid eligibility staff.

- 1) Eligibility - Responsible to develop and maintain policy for Medicaid eligibility requirements; coordinate with the quality control unit to ensure that any error trends are reviewed and corrected in a prompt manner; maintain the buy-in process to ensure that eligible individuals have Medicare coverage; supervise and train eligibility workers at the local county social service boards; and resolve claims payment issues related to eligibility.

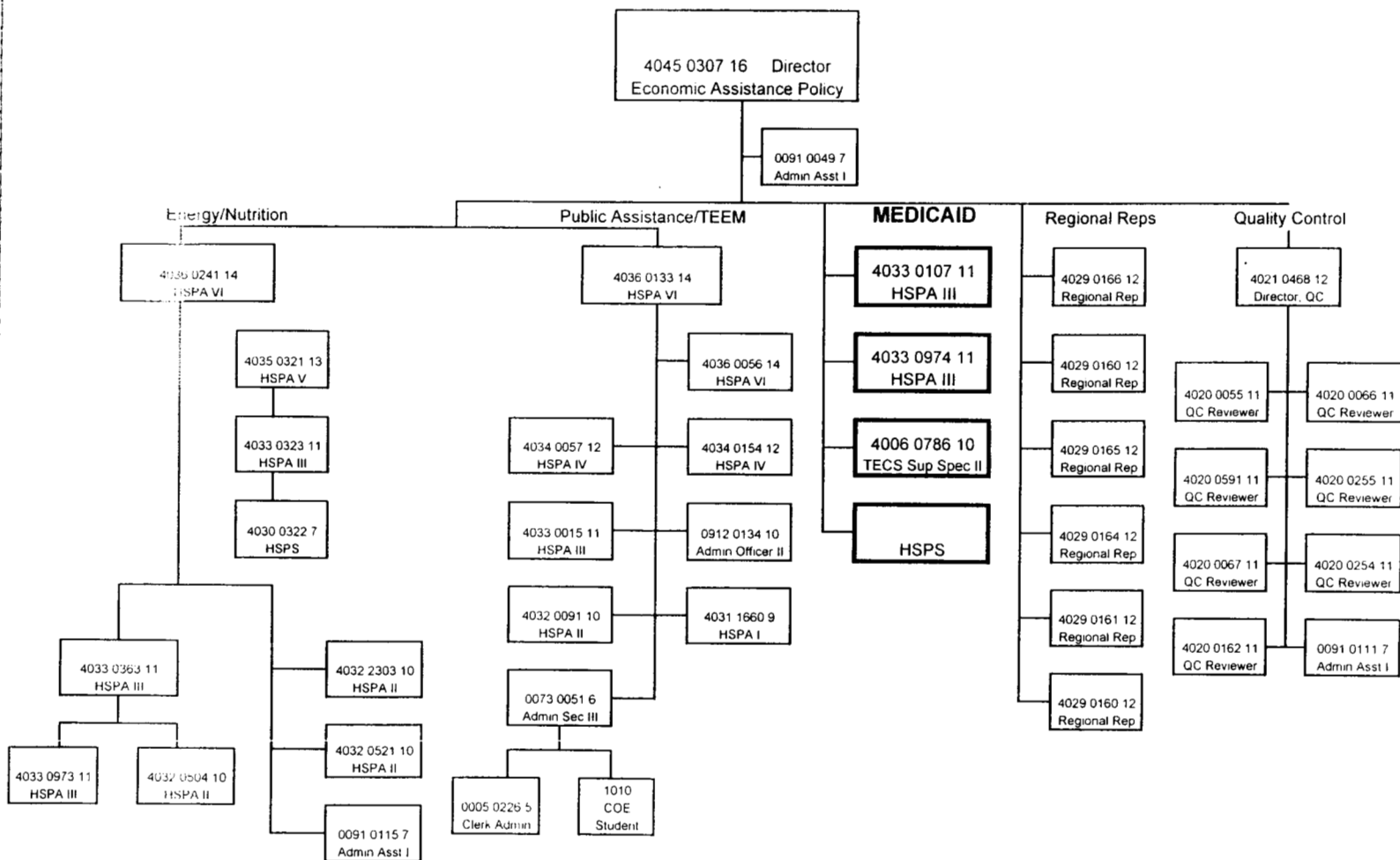
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